DOCUMENT RESUME

ED 233 253 CG 016 830

AUTHOR Wass, Hannelore
TITLE Death Education in the Home and at School.
PUB DATE Apr 83
NOTE 17p.; For related document, see CG 016 831.
PUB TYPE Information Analyses (070)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adolescents; *Childhood Needs; *Children; *Death; Elementary Secondary Education; Fear; Guidelines; *Parent Role; *School Role; State of the Art Reviews; Television Viewing

ABSTRACT

During the past 20 years, educators and psychologists have been concerned with death education for children. Considerable material is available on death education; however, research indicates that despite the wealth of resources, little death education occurs in the home or at school. Parents, teachers, and television are all sources of unintended death education. The traumatic effect of omissions, refusals to answer questions, diverting techniques, and negative non-verbal messages used by important people in a child's life cannot be underestimated. If children are to learn about death and dying in a positive, helpful manner, the sense of the inappropriateness of death education for children and the tendency to shield children must be overcome. Based on research, we can conclude that children are interested in death; death concepts develop in four stages consonant with those identified in Piaget's theory of cognitive development in general; adolescents' death anxieties stem primarily from the understanding that death is an irreversible, universal, and inevitable reality; personal experience with death directly and profoundly affects the child; and the types of fears and anxieties children experience are related to developmental stage. Some general guidelines for teachers and parents in dealing with children and death include clarifying personal concepts and attitudes, obtaining up-to-date knowledge about death and dying, using basic knowledge as a frame of reference, and being empathic, active listeners. (AG)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED233253

DEATH EDUCATION IN THE HOME AND AT SCHOOL

Hannelore Wass
University of Florida

April 1983

CG 016830

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.
☒ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Hannelore Wass

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

ABSTRACT

A critical evaluation of the extent of death education in the home and in the schools based on a review of the literature is provided. It is suggested that little death education occurs. Further, the author draws a number of conclusions from the research on children's thoughts and feelings about death suggesting the need for death education and derives a number of general guidelines for teaching and helping children to cope with death.

DEATH EDUCATION IN THE HOME AND AT SCHOOL

Hannelore Wass, Ph.D., Professor, Educational Psychology
University of Florida
Gainesville, Florida

In the past two decades or so a large number of articles about death education for children have been published in various professional journals. Most deal with death education at school and offer rationales, goals, methods, topics, activities and the like. The rest argue the need for some sort of death education in the home (Wass, et. al., 1980). The research literature on children and death is no less impressive. Over 200 papers reporting on research studies regarding children's death concepts and death-related fears and anxieties have come to our attention. In the voluminous literature for children and adolescents we have found well over 100 titles that deal with death and grief, and more than 50 films and filmstrips have been produced specifically for young audiences. There are at least 50 books on the market designed to provide guidelines for helping children cope with death (Wass, et. al., in press). It would be reasonable to conclude from this considerable amount of published interest and concern that death education is common in the United States. This does not seem to be the case. Impressive as the list of data and resources may be, there is no indication that death education occurs to any considerable extent in the home or at school. This is a judgment that is difficult to verify because at present no data from national samples are available. Various surveys have been done on a small scale, however, that give us clues on which to base our judgments.

In a survey of teachers, school board members and clergy in the State of Ohio (Craskery, 1979) it was revealed that all three of these groups disapproved the idea of death education in the schools and felt that this subject belongs in the home or church/synagogue. In a survey of health educators in

the state of New York (Cappiello & Troyer, 1979) approximately 14 percent reported that they teach a death education unit in their health education curriculum. In general, it seems that health educators at the high school level have been most responsive to the appeal for death education. Of elementary school teachers surveyed in Iowa (Henney & Barnhart, 1980) less than one percent reported dealing with the subject of death in any way in their classrooms. One study conducted in Florida (Wass, 1979) revealed that approximately 40 percent of the parents of elementary and middle school children never discuss death with their children at all and an additional 26 percent do so only when it is unavoidable. A similar proportion of parents in another study (Furman, 1974) told their children under 16 years of age very little about the other parent's death. An in-depth study of young mothers in Kansas (McNeil, in press) showed that over 80 percent of the mothers reported feeling uneasy talking about death and seldom even discussed the subject with husband or friends, much less their children. Yet almost all the mothers admitted to having been asked death related questions by their children. If we consider, in addition, the general literature on parenting and teaching it becomes obvious that, in general, both parents and teachers find it difficult to discuss intimate, sensitive, and controversial topics with children. Parents frequently oppose treatment in the schools of sensitive topics such as sex, education, religion, death, and other areas that have strong affective components. Teachers have similar feelings. They frequently resent being burdened with responsibilities beyond the cognitive-academic domain. Nevertheless, sex education, for example, has been handled in many schools for some time because parents have not done an adequate job. In a similar vein, pioneers in death education are continuing their efforts optimistically and enthusiastically. There are probably

several hundred schools and several thousand classrooms that receive death education in one form or another giving testimony to such brave efforts. Nevertheless, for the large majority of homes and schools, death education is still taboo. The absence of conscious educational endeavors, however, does not keep the child from learning about the subject.

Unintended Death Education

Educational psychologists have long known that children learn attitudes and behaviors without being consciously taught. In fact, some of the most fundamental learning occurs in this manner. Although death is not discussed in the typical home, the child may nevertheless receive the most traumatic and dramatic death education through omissions, refusals to answer a question, diverting techniques, non-verbal messages communicating a parent's discomfort, anxiety, or even anger, and many other behaviors that convey negative messages.

Four-year old Joey comes charging into the kitchen where his mother is rushing to get dinner ready. "Mommy, Mommy, guess what! Cindy's dog got run over. He died.--What's die?" "Joey, I am busy cooking dinner. I can't talk with you right now." Pause - "Mommy do I have to die?" "Oh my God, Joey, what are you saying; for Heaven's sake, don't say a thing like that. No, No! You aren't going to die . . ." (Mother hugs the child tightly) . . . "Oh honey, you'll never die. Mommy will take care of you." This kind of death education is powerful because it communicates directly and spontaneously, i.e., it escapes the mental censorhip of planned conscious educational efforts. And since parents do not intend to, they are unaware that they are "teaching". Were they aware, they would be disturbed about the impact they often have on their children.

The situation is similar in the school. Recently a fourth grader died one late afternoon in an automobile crash in a town near Gainesville, Florida. His teacher and classmates were stunned and shocked. The teacher was unable to meet the class the next morning. She sought help from the principal. He was equally unprepared to face the class. What does one say to a roomful of children about the death of another child who just a day ago laughed, learned, and played with them? The school nurse was called. She was a young woman who had had no death education, and moreover, during her clinical training had skillfully avoided any contact with dying patients. She entered the classroom with brave determination and began a lesson on safety and seatbelts, but could not endure 30 pairs of stunned and questioning eyes and the overwhelming tension and anxiety in the room. She fled. It was one of the second grade teachers who eventually came forth. She was a big black woman who had born nine children, witnessed the death of two of them, lost a husband through illness, a brother in the war, and a cousin in a shoot-out. She walked right up to the children: "Poor little Cindy, she is dead now. Mmm' Lawd, it's sad! You want we should talk about it?"

There are other important sources of information besides parents and teachers. Television is one of them. Ninety-eight percent of American households with children own at least one television set. Young children spend on the average two to three hours a day in front of the set and more on weekends.

Seventy percent of the leading characters in action programs are involved in violence. There are six times as many violent episodes in one hour of children's cartoons as in one hour of adult programs (Comstock & Rubinstein, 1972). Television provides a distorted view of death. Homicide is the most frequently depicted type of death. Seldom do television characters die naturally. In fact, in cartoons they seldom die at all. Though shot, stabbed, smashed, dropped into ravines, blown up and run over, Wiley Coyote in "Road Runner", for example, always emerges with nothing worse than a frazzled coat (Stillion & Wass, 1979). When death does occur on television it is often without visible pain or blood. Honest bereavement is rarely depicted. Actors who have long been dead are often resurrected through reruns. Television has created Superman, Batman, and Spiderman, creatures that are superhuman and indestructible. Most recently they look in every respect like human beings, as in the Bionic Man and the Bionic Woman, thus intimating that immortality is achievable for ordinary people. What notions of the nature of dying and death can a child glean from such exposure? Obviously it will be up to adults to make certain that misperceptions are replaced with facts. With the many hours children spend watching television, how much do they interact with their siblings, with other children, and with their parents? And how much time do they spend reading? Psychologists and thanatologists have been urging parents to seek a better balance for their children among fantasized portraits of death on television, direct personal encounters with death, and constructive accounts in children's literature. In all this the parents have a critical function as mediators to clarify, correct, and comfort, all in an atmosphere of reassuring love and care.

There may be many plausible explanations for the denial of death in this century, but none of them can excuse us from our responsibilities toward the young.

Obstacles to Overcome

If we want to inform children, help them understand and interpret direct and indirect death-related experiences, alleviate fears and anxieties and provide comfort and emotional security, we need to know about the child's thoughts on death, how these thoughts change as the child develops, what the child's feelings are about death, and what causes and triggers fears and anxieties. But before we seek this knowledge, most of us have to overcome at least two obstacles: First is the sense of inappropriateness. Children and death seem to be incompatible. We associate children with growth and the future, whereas death marks the end and decay. It seems morbid to bring the two together. Yet death, despite its mystery, is a natural part of life, and an important dimension contributive to the purposes and meanings of our existence. The search for such meaning is not restricted to philosophers, it is common to all human beings, and from studies and clinical observations we know that it begins in childhood. We know that the child has a strong need to comprehend and make sense out of events. The second obstacle is our natural tendency to shield our children from death and what we believe are frightening thoughts for them. But to what extent is it appropriate to control the child's experiences? Can it actually be done? Death is an important part of knowledge. From it we derive a more comprehensive meaning of our existence. This knowledge can shape our goals and

purposes and greatly influence the quality of our interpersonal relationships; it can largely determine the quality of our lives. This kind of knowledge does not come to us in a flash, an "aha" experience. It develops gradually as we mature and learn in interaction with our environment. Child psychologists have long noted that overprotection is as harmful to the child as neglect. Both stunt normal growth. Besides, children are not nearly as fragile as adults commonly believe.

Once the obstacles above are overcome, parents and teachers are more likely to be receptive to knowledge and information that is helpful for dealing effectively with children's death concerns informally in the home or more formally at school. Fortunately, we have today a sufficient data base from which to draw some tentative and even some definitive conclusions about children's understandings and feelings about death.

Some Conclusions from Research

Based on the findings of many research studies and clinical observations a number of definitive as well as tentative conclusions can be drawn:

1. Contrary to common belief, children are intensely interested in death. This interest is part of their natural curiosity about the world of people, objects, and events. Very young children ask some basic existential questions, such as Where do babies come from? How do they make babies? Where was I before I was born? Who made Grandpa dead? Why did my turtle die? What comes after dead?
2. Children's concepts of death develop in an orderly sequence from non-conceptualization to mature conceptualization. However, children vary widely in their rate of development. This rate is to a large extent

determined by personal, social, or cultural conditions and circumstances.

3. Summary of the research suggests that death concepts develop in approximately four stages consonant with those identified in Piaget's theory for cognitive development in general. In the first stage, during infancy, no conceptualization is believed to occur. In the second stage, approximately in early childhood, death is understood as reversible, a temporary restriction, departure, or sleep. During this time the child's thinking is fathest removed from that of mature adults. The child's causal thinking is magic and phenomenistic. For example, a young child will explain that a dead man is sad because he was killed, but he is going to get up tomorrow. Or a person dies because the nurse gave him a pill. One five-year old boy tought that people get killed in a hospital except for boys; they come out alive. A six-year old girl explained that people get buried in a cemetery, then go to heaven. When asked how they get to heaven, she replied: "By ange." During the third stage, approximately during middle childhood and preadolescence, death is understood as an irreversible event; however, it is capricious, often externally caused by murder, accidents, or catastrophic events. Then toward the end of the stage death is seen as internally caused by disease and old age. In this stage, the stage of concrete operations, the children are intensely interested in the physiological aspects of death. They ask questions such as: Why does the blood turn blue? How long does it take for a person to rot? And the classic question: "Do people ever get

buried alive?" Parents are often appalled at such questions and tend to come back with a religious answer. In the fourth stage, during adolescence, the child comes to the mature understanding that death is irreversible, universal, and inevitable. Now children are fully capable of grasping and adopting theological belief systems or other abstract explanations. For example, a 16-year old wrote" My interpretation of death is clearly from a Christian's point of view. I believe in eternal life after death without human fault or sin. I believe that all souls will eventually be in heaven, heaven being defined as true inner peace within yourself and God" (Wass, et. al., in press).

4. Personal experience with death that directly and profoundly affects the child, e.g., death of a parent (Furman, 1974) or terminal illness (Waechter, 1971) leads to an accelerated rate of development toward a mature understanding of death. This can be viewed as consistent with Piaget's theoretical framework, in that extreme circumstances and conditions are reflected in the rate of movement toward maturation.
5. Infantile anxieties are primarily associated with loss, e.g., loss of the nurturing person, fears of being abandoned, or being in the dark (Bowlby, 1980).
6. Fears and anxieties in early childhood seem to have different sources. One is related to guilt, fears of punishment and retaliation as the child internalizes parental and societal standards of right or wrong, good or bad. Another source is children's beliefs about their own thoughts, wishes, reasoning powers. Magical thinking is often associated

with a sense of omnipotence which is also a threat to the self. Young children tend to reason by the Law of Talion which states: "To think a thing is to do a thing; to do a thing is to ensure a similar punishment" (Wahl p. 24). One of my friends, Dr. Stillion, recently told me of a mother whose two-year old son died suddenly. She debated whether or not to tell her four-year old daughter and decided to do so. As she began to tell the little girl of her brother's death, the four-year old backed away into a corner and wide-eyed with trembling voice she shook her head and said over and over: "I didn't do it, Mommy, I didn't do it". Fears of monsters, wild animals, the boogey-man, witches, etc. are common, and young children often fear bodily injury as punishment. A particularly difficult problem exists for children who require surgery or who are terminally ill. Since they often are not capable of comprehending mature cause-effect relationships, they interpret painful treatment procedures by physician and nurse as punishment for bad behavior as they interpret their having to be in the hospital as a punishment by their parents or even abandonment by them. Another source of death-related fears are the child's interpretations of certain religious concepts and practices. For example, the young child typically does not understand why people put the dead inside a coffin and put that coffin into a deep hole. Since death is understood as a reversible event, children worry how the dead can breathe or come out when they wake up. Such fears of being trapped in the grave may persist into adulthood.

7. Fears of bodily mutilation seem to become more pronounced in middle childhood. In addition, fears about being buried alive are often strong

because at this stage the child's thinking and reasoning centers around concrete physical events and proposed solutions such as attaching strings from the body to a rod that extends above the grave and has a bell attached at the top which can be rung by pulling on the strings should the buried person wake up (Time). Much anxiety can derive from the notion that death could happen to you if you are unlucky. Some of the popular superstitions are observed although seemingly as a joke, e.g., holding one's breath when passing a cemetery. It has also been suggested that some of the rhymes recited at this stage are attempts at coping with death anxiety (Anthony, 1972). A rhyme well known by American children includes these lines: "The worms crawl out, the worms crawl in, they crawl all over your face and chin". Often, the physiological aspects of death and religious beliefs are difficult to reconcile at this stage. One twelve-year old girl in our studies wrote "When you die you lie in your grave forever. How could a dead body get to Heaven? I hope I never die." Christian beliefs also seem to cause anxiety in children, when they consider the prospect of going to hell, and even heaven is often viewed as a place that imposes many restrictions (Gartley & Bernascon, 1967).

8. Adolescents' death anxieties stem primarily from the understanding that death is an irreversible, universal, and inevitable reality. With the comprehension of personal death comes, typically, a distancing that moves death into the distant future and thus removes much of the threat and anxiety (Kastenbaum & Aisenberg, 1976). This statement by a 17-year old in our studies is an example: "Death for me is a long way

down the road of life. Right now I am more concerned about what I am going to do with my life than how it is going to be terminated".

From these conclusions above it is clear that death education, i.e., providing information and helping with concerns, is needed. From these conclusions we can also derive general guidelines for helping and teaching children concerning death. A few such guidelines are offered below.

Some General Guidelines

1. We need to reflect upon, confront, and clarify our own concepts, beliefs, and attitudes about death recognizing that they cannot be camouflaged or hidden behind a veneer of neutrality. We may not have achieved a crystallized position or overcome all of our anxieties, but we should be reasonably comfortable with the subject for most effective helping and teaching.
2. It is important that we obtain up-to-date knowledge about the various aspects of dying, death, and grief in general, and what is known about children's death-related thoughts, feelings, and behaviors in particular.
3. Basic knowledge we have obtained should serve as a general frame of reference. Beyond that we should be sensitive to a particular child's needs in a given set of circumstances.
4. We must be empathic, active listeners so that we hear what the children's questions and worries are. Adult-child communications often break down because we adults are not sensitized to the world of children's thoughts and feelings. We frequently give answers to questions the children do not ask and avoid giving answers to questions they pose. We tend to give religious answers to biological questions. Our answers are commonly vague, ambivalent, or irrelevant.

References

Anthony, S. The discovery of death in childhood and after. New York: Basic Books, 1972.

Cappiello, L.A. & Troyer, R.E. A study of the role of health educators in teaching about death and dying. The Journal of School Health, 1979, 49 (7), 397-399.

Comstock, G.A. & Rubinstein E.A. (eds) Television and social behavior. Vol I. Media Content and Control. Washington, D.C. Government Printing Office, 1972.

Furman, E. A child's parent dies: Studies in childhood bereavement. New Haven, Connecticut: Yale University Press, 1974.

Gartley, W. & Bernasconi, M. The concept of death in children. Journal of Genetic Psychology, 1967, 110, 71-85.

Henney, M. & Barnhart, R.S. Death education: Do we need it? Psychological Reports, 1980, 46, (3, Pt 1), 996-998.

Kastenbaum, R. & Aisenberg, R. The Psychology of Death. Concise Edition New York: Springer, 1976.

McNeil, J.N. Death education in the home: Parents talk with their children. In H. WAss and C.A. Corr (eds) Childhood and Death. New York: McGraw-Hill International and Hemisphere Publishing Corporation. In press.

Stillion, J. & Wass, H. Children and death. In H. Wass (ed) Dying - Facing the facts. New York: McGraw-Hill and Hemisphere Publishing Corporation, 1979, 208-235.

Waechter, E.H. Children's awareness of fatal illness. American Journal of Nursing, 1971, 71, 1168-1172.

Wahl, C.W. The fear of death. In H. Feifel (ed) The meaning of death. New York: McGraw-Hill, 1959.

Wass, H., Corr, C.A., Pacholski, R.A. & Sanders, C.M. Death education: An annotated resource guide. New York: Hemisphere Publishing Corporation and McGraw-Hill International, 1980.

Wass, H. & Corr, C.A. (eds) Helping children cope with death: Guidelines and resources. New York: Hemisphere Publishing Corporation, 1982.

Wass, H. Death concepts: A developmental perspective. In H. Wass & C.A. Corr (eds) Childhood and death. New York: McGraw-Hill International and Hemisphere Publishing Corporation. In press.

Wass, H., Corr, C.A., Pacholski, R.A., with Cameron, C.S. Death Education: An annotated Resource Guide Volume II. New York: In press.